

**APPLICATION FOR WATER SERVICE
CITY OF BIXBY**

LAST NAME: _____ **FIRST NAME:** _____ **M.I.:** _____

SPOUSE (FIRST NAME): _____ **LAST FOUR OF S.S. #** _____

SERVICE ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE # _____ **CELL #** _____

MAILING ADDRESS IF DIFFERENT FROM SERVICE: _____

OWNER _____ **RENTER** _____

LANDLORDS NAME (IF A RENTAL): _____ **PHONE #** _____

PLACE OF EMPLOYMENT: _____

LENGTH OF EMPLOYMENT: _____ **WORK PHONE #:** _____

DATE SERVICE REQUESTED TO BE TURNED ON: _____

LAST OCCUPANTS (IF KNOWN): _____

HAVE YOU EVER HAD BIXBY WATER SERVICE BEFORE? YES _____ **NO** _____

IF SO WHAT ADDRESS? _____

THE UNDERSIGNED, SPOUSE AND/OR CO-OCCUPANT(S) AGREE TO PAY ESTABLISHED RATES SET FORTH BY THE CITY OF BIXBY ORDINANCES AND AGREES TO REGULATIONS GOVERNING SAID SERVICES. THIS APPLICATION BECOMES A LEGAL AND BINDING CONTRACT UPON ESTABLISHMENT OF SERVICE.

APPLICANT SIGNATURE: _____ **DATE:** _____

DEPOSIT \$: _____ **ACCOUNT#:** _____

WORK ORDER #: _____

DEPOSIT AMOUNTS: \$50.00 FOR OWNERS \$55.00 FOR RENTERS \$60.00 FOR BUSINESSES